

SUPPLEMENTAL SERVICE PROVIDERS FOR NEW JERSEY REQUEST FOR PROPOSALS

Application and Approval Process

School Years 2004-2006



**Prepared by:
The New Jersey Department of Education
Division of Student Services
Office of Title I Program Planning and Accountability
October 2003**

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GUIDELINES AND INSTRUCTIONS

A. Background

The *No Child Left Behind Act* (NCLB) was enacted by Congress in December 2001 and signed into law by President Bush January 8, 2002. It reauthorizes the Elementary and Secondary Education Act and provides federal funding for many educational programs such as Title I programs for economically disadvantaged youth, 21st Century Community Learning Centers, and Title III programs for English language learners. The act will be in effect through 2007, and implementation of many of the law's requirements will begin in the fall of this year.

Key focuses of NCLB are accountability provisions and an emphasis on assessment as a tool to help all students meet state proficiency standards for mastery of reading/language arts and mathematics (and beginning in 2005 science as well).

The goal of NCLB is that all students be proficient based upon each state's assessment program at the end of 12 years, or 2014. Schools that do not meet adequate yearly progress (AYP) for two consecutive school years will be identified by the district as needing school improvement. In 2002 New Jersey identified 274 schools in need of improvement. These schools were required to offer public school choice. If these schools do not make adequate yearly progress next year, the school districts must continue to offer public school choice to all students in the failing school and offer parents the additional option of supplemental educational services for their children.

B. What Are Supplemental Education Services

The U.S. Department of Education defines supplemental educational services as additional academic assistance for low-income students who attend Title I schools that have failed to make AYP for two or more consecutive years. This additional academic assistance is designed to ensure that students increase their levels of academic achievement, particularly in reading, language arts, and mathematics.

The U.S. Congress and the Department of Education have taken the stance that schools that do not improve or meet state standards must use their federal funds to get children additional help; that additional help means paying for supplemental services including tutoring or remedial services, after school, on weekends or during summers. This instruction must take place outside the regular school day.

C. The Role of States

States are responsible for identifying schools for which supplemental educational services are required. Additionally, they must develop and apply objective criteria for identifying supplemental education service providers. States must also identify a wide array of supplemental education service providers so that parents and families have a wide variety of choices for the provision of these services. The state's list of approved providers must be updated on at least an

annual basis and must be provided to school districts in order that they may have a list of providers available in their geographic locations. The state will also evaluate the services of identified supplemental service providers. The updated listing will be based on evaluation results.

D. The Role of Local Education Agencies

Districts must arrange for the provision of supplemental educational services to eligible children from a provider on the state approved list. This provider is to be selected by the parents of the eligible child in consultation with the school district [Section 1116(e)(1)]. Additionally, qualifying school districts are required to:

- Notify parents annually (in a clear and uniform format, and, to the extent practicable, in a language the parents can understand) of:
 - The availability of supplemental services,
 - The approved providers whose services are available within the school district or whose services are reasonably available in neighboring school districts, and
 - A brief description of the services, qualifications, and demonstrated effectiveness of each approved provider to assist the parent in selecting a provider.
- Contact providers selected by the parents and enter into a contractual agreement on behalf of the student;
- Monitor the responsibilities of the approved provider; and
- Monitor the progress of students receiving supplemental services.

E. The Role of Parents

Parents should have an active role:

- Assuring their child receives services as scheduled;
- Communicating regularly with the provider; and
- Assuring the provider also communicates with the child's school and teacher.

F. Criteria for Providers

Criteria developed by SEAs for identification of providers must include:

- A demonstrated record of effectiveness in improving student academic achievement;
- Documentation that the instructional strategies used by the provider are high quality, based upon research, and designed to increase student academic achievement;
- Evidence that services are consistent with the state academic content standards; and
- Evidence that the provider is financially sound.

With respect to the first criterion, each state is responsible for defining what would be acceptable evidence of effectiveness. Acceptable evidence may include significant improvement in student academic achievement, successful use of instructional practices based on sound research or of documented success by other providers, successful and sustained remediation of reading or math difficulties, or use of a program that others have successfully used to improve student academic achievement.

The Secretary of Education has stated that, “providers shall not be disqualified on the grounds that their documentation of instructional strategies does not include scientifically based research.” Nor may any state education agency require supplemental education service providers to hire only certified teachers in order to be considered eligible.

G. Providers of Supplemental Services

In order for a provider program to be included on the state list, they must agree to carry out the following:

- Provide parents of children receiving supplemental services, the LEA and school with monthly reports on the progress of the children in increasing achievement, in a format and, to the extent practicable, a language that parents can understand;
- Ensure that instruction provided and content used by the provider is consistent with the instruction provided and content used by the local educational agency and State, and are aligned with State student academic achievement standards;
- Meet all applicable federal, state, and local health, safety, and civil rights laws. Entities eligible to apply to provide supplemental services may include, but are not limited to:
 - Community agencies
 - Charter schools (except those identified in need of improvement)
 - Private schools
 - Individuals
 - Child care centers
 - Public schools (except those identified in need of improvement)
 - Libraries
 - Community colleges
 - Private companies
 - On-line schools
 - Family literacy programs
 - Faith-based Organizations
- Must be registered with the New Jersey Department of Treasury.

H. Per Pupil Spending Limit

The LEA is limited in how much it can spend to provide supplemental educational services for each eligible student. Specifically, the per pupil spending limit that an LEA must provide for supplemental education services is the lesser of the following:

- The LEAs per pupil allocation as shown in their approved Title/NCLB consolidated application.
- The actual costs of the supplemental education services provided to each eligible student.

The LEA is not required to provide funds for supplemental education services beyond the minimum funding requirement of five percent, set forth in federal law. Nevertheless, it may spend up to twenty percent of its total allocation.

I. Duration and Monitoring

The New Jersey Department of Education, in cooperation with the applicable school districts, is required to monitor the quality and effectiveness of the services offered by approved providers and to withdraw approval from providers that fail, for two years, to contribute to increasing the academic proficiency of students to whom they provide services or that fail to meet any of the other eligibility requirements or assurances. Please note that after failing for one school year the provider must submit a corrective action plan to the state for approval.

A district must continue to offer supplemental services until the school(s) in question is no longer identified in need of improvement, according to the NCLB requirements.

J. Reporting

In May of each year, the provider will submit to the school a final written report that summarizes the progress of all students provided with supplemental services. The school will submit this report to the New Jersey Department of Education for review. This information will be used to help determine if a provider will remain on the state approved list. The state may also collect data from the provider in a format to be determined.

K. Application Process and Timeline

The New Jersey Department of Education will provide a two-tiered application process to meet the intent of Title I, Part A, Section 116(e), which is to make available a list of supplemental educational services providers.

Process	Application Due Date	Date the Approved List Will be Posted
	February 6, 2004	End of March 2004

Applicants that do not meet the qualifications will be notified and may reapply in future cycles. Upon request, the reasons for denial will be provided to the applicant.

Address or deliver the application no later than **February 6, 2004** to:

New Jersey Department of Education
Application Control Center
New Jersey Department of Education
River View Executive Plaza, Building 100
P.O. Box 500
Trenton, New Jersey 08625-0500

A complete application packet includes:

- Completed application
- Program narrative
- Completed Supplemental Services Provider Fact Sheet
- Signed assurances form
- Allowable attachments

Any incomplete packet will not be considered for inclusion on the state approved list of vendors.

To assist you in completing this application, we will be holding an informational meeting scheduled as follows:

Date: January 6, 2004

Time: 9:00a.m.-12:00 p.m.

Place: 100 Riverview Plaza – First Floor Conference Room, Trenton, NJ (**Tentative**)

For more information contact Mayra L. Rosner at 609-341-5062

**SUPPLEMENTAL EDUCATIONAL SERVICES PROVIDER
Application Workshop**

**Tuesday January 6, 2004
9:00 a.m. – 12:00 noon**

**100 Riverview Plaza (Tentative)
First Floor Conference Room
Trenton, New Jersey**

Please print or type the following information:

**First and Last
Name**_____

Title_____

**Company or LEA and/or School
Name**_____

Address_____

City_____ **State**_____ **Zip Code**_____

Business phone_____

Fax_____

Email address_____

Please fax by December 19, 2003, to Mayra Rosner, 609-633-6874.

APPLICATION

I. SUPPLEMENTAL SERVICES PROVIDER FACT SHEET

SECTION 1: PROVIDER IDENTIFICATION

Provider Name: _____

Federal EIN or Social Security Number: _____

Registered with the New Jersey Department of Treasury: ____Y ____N **ID #** _____

Type of Provider (*check one*):

- | | |
|---|---|
| <input type="checkbox"/> Community agency | <input type="checkbox"/> Two-year college |
| <input type="checkbox"/> Public school (non-charter) | <input type="checkbox"/> Four-year college/University |
| <input type="checkbox"/> Charter school | <input type="checkbox"/> Private company |
| <input type="checkbox"/> Private school | <input type="checkbox"/> On-line school |
| <input type="checkbox"/> Individual | <input type="checkbox"/> Family literacy program/Even Start program |
| <input type="checkbox"/> Child care center | <input type="checkbox"/> Educational Services Commission |
| <input type="checkbox"/> Library | <input type="checkbox"/> Faith-based organizations |
| <input type="checkbox"/> 21 st Century Centers | <input type="checkbox"/> Other: _____ |

Provider Contact Person/Title: _____ / _____

Phone #: _____ **Fax #:** _____ **E-mail:** _____

SECTION 2: PROVIDER GEOGRAPHIC SERVICE AREA INFORMATION

Main Office Address: _____

Branch Offices: ☐ Yes _____ **No** _____

If yes, list locations (cities and addresses):

Service Area: ☐ All of New Jersey ☐ Select school districts*

**If select districts, list district/county:* _____

Areas in Which Services Can Be Provided: ☐ Urban ☐ Suburban ☐ Rural

Place of Service (*check the location(s) that best describes where you deliver services to students*)

- | | |
|---|--|
| <input type="checkbox"/> School | <input type="checkbox"/> Your home |
| <input type="checkbox"/> Business | <input type="checkbox"/> Student's home |
| <input type="checkbox"/> Community center | <input type="checkbox"/> Site owed or operated by a faith-based organization (e.g., church, synagogue, mosque, temple) |
| <input type="checkbox"/> On-line | <input type="checkbox"/> Other (explain) _____ |

Can Transportation be Provided? ____Y ____N

Radius: _____

SECTION 3: SERVICE PROVIDER HISTORY

Date (month/year) the Supplemental Services Provider was Formed ____ / ____

Number of Years of Continuously Operating Service ____

Date of Last Audit ____ / ____ (*please attached copy*)

SECTION 4: PROVIDER ACADEMIC/INSTRUCTIONAL INFORMATION

Program Description (*Indicate which keywords best match your program's offerings*):

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Mathematics |
| <input type="checkbox"/> English language acquisition | <input type="checkbox"/> Other: _____ |

Grade Levels Served (check all that apply): ☐ Pk-3 ☐ 4-6 ☐ 7-8 ☐ 9-12

Number of Students Currently Served in 2003-2004: ____

Maximum Number of Students Able to Serve in 2004-2005: ____

Specific Student Populations Served (*If your organization has provided supplemental services to any of the following groups, please check the corresponding box(es) below*)

- | | |
|---|---|
| <input type="checkbox"/> Low-income students | <input type="checkbox"/> Limited English proficient students (indicate particular language(s) with which you have expertise): _____ |
| <input type="checkbox"/> Minority students | |
| <input type="checkbox"/> Migrant students | |
| <input type="checkbox"/> Special education students | <input type="checkbox"/> Other: _____ |

Time of Service (*Check the time(s) that best describe when you will deliver services to students.*)

- | | |
|--|---|
| <input type="checkbox"/> Before school | <input type="checkbox"/> Weekends/school holidays |
| <input type="checkbox"/> After school | <input type="checkbox"/> Summer |

Mode of Instructional Delivery (*Check all methods of instructional delivery to students that you use.*)

- | | |
|--|--|
| <input type="checkbox"/> Individual tutoring | <input type="checkbox"/> On-line/Web-based |
| <input type="checkbox"/> Small group instruction (3-5) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Large group instruction (6 or more) | |

Student/Instructor Ratio (*List the ratio of instructors to children in your program.*)
_____ students for every 1 instructor

Describe how you schedule services, e.g., 2.5 hr. sessions per week, 1 time per week, etc.

What method of communication is used to report progress to parents and the frequency:

_____ **Meeting / How often?** _____

_____ **Report / How often?** _____

What method of communication is used with the sending school:

_____ **regular reports** _____ **phone conferences** _____ **meeting with teacher**

SECTION 5: PROVIDER FEES

Cost/Fee Structure (*Check and complete the cost fee/structure that you use. These fees will be assumed to be on a per student basis unless indicated otherwise.*)

- ☐ \$ _____ per _____ (unit of time, e.g., hour, week, etc.) – per student
- ☐ \$ _____ (flat fee) for _____ (unit of time, e.g., month, semester, year) – per student
- ☐ Other: _____

II. PROVIDER PROFILE

A. Program Design – Limit 4 pages

Your application in this area will be evaluated based on the extent to which the key instructional practices of your program are high quality, research-based and specifically designed to increase student academic achievement.

1. Describe in detail the nature of the supplemental services to be provided. Describe the instruction, curriculum and content, methodology and format.
2. Describe the specific process used to assess/diagnose student needs, identify skills or knowledge gaps, and prescribe an instructional program based on student's individual needs.
3. Describe the organizational structure of service delivery (location, supervision, staff).
4. Describe methods and strategies for serving eligible students from special populations (Title I students, students with disabilities, English language learners, etc.).

B. Evidence of Effectiveness – Limit 2 pages

Provide descriptions of your program's evidence of effectiveness by including indicators for the following:

1. Provide evidence that your program has a positive impact on student achievement on state, district or another independent, valid and reliable performance tests and measures for under-achieving students.
2. Describe your experience in providing supplemental education services to low-income students who attend Title I schools.
3. Present evidence which demonstrates the instruction, curriculum and content, methodology, and format being delivered is an effective method to include student achievement, particularly for Title I students on the required New Jersey Assessments in the areas of language arts and/or mathematics, and to attain proficiency in meeting the New Jersey Core Curriculum Content Standards.
4. Present a description of the methodology used to collect the evidence in question 3 (measures and analysis used, comparison groups, etc.).
5. Explain how the key instructional practices and major design elements of your program are (1) high quality, (2) based on research, and (3) specifically designed to increase student academic achievement.

C. Connection to State Academic Standards and District Instructional Programs – Limit 1 page

Your description in this area should address the following indicators:

1. Describe how the services you offer are aligned with language arts and mathematics standards as outlined in the New Jersey Core Curriculum Content Standards (CCCS) and frameworks. Describe your alignment process and when it was completed.

D. Assessment and Progress – Limit 1 page

Your application in this area will be evaluated based on the extent to which the specific programs and practices you use to assess your students' needs.

1. Explain how you will provide assessment and progress data to the student's home teacher and school for each goal in the plan of service for the participants. Submit an example of a student's instructional plan with the application.

2. Describe the specific process you use to evaluate, monitor and track student progress on a regular basis.

3. Describe the process for diagnosing and prescribing an intervention based on the individual needs of the student.

E. Communication with Parents and School – Limit 1 page

Your application in this area will be evaluated based on the extent to which your program provides a consistent and specific process for informing parents and families of your students with information on the progress of their children.

1. Describe how the parents and schools will be notified of the student's progress (in the native language, if necessary).

2. Describe your services to parents and how you involve parents and schools in creating goals for their child's academic progress.

3. Describe your orientation procedures.

4. Describe how you include parents and schools in assisting students meet their academic goals.

5. Explain how you utilize and complement the regular day's instruction.

F. Qualifications of Instructional Staff and Professional Development – Limit 1 page

Your application will be evaluated based on the extent to which you offer strong evidence of highly qualified staff (**at least two years of college or an associate's degree**) and have demonstrated commitment to ongoing professional development and improvement of your services.

1. Submit the application and rating system you use to select possible candidates.
2. List the qualifications of current supervisory staff. Identify staff by title:

3. Explain how your staff is trained to work with a diverse student population, e.g., limited English proficient, migrant, homeless, socio-economically disadvantaged, and special education students.
4. Explain your plan for ongoing professional development to increase the effectiveness of your tutors.
5. Indicate whether you conduct criminal background checks on employees before hiring. Indicate whether your employees are bonded and identify any other background checks you use before hiring.

H. Financial and Organizational Capacity

Your application will be evaluated based on the extent to which your program has the capacity to deliver effective services.

1. Submit evidence demonstrating that your organization is financially sound. Provide at least two of the following:
 - Copies of business license or formal documentation of legal status with respect to conduct business in the state of New Jersey;
 - A description of how the provider currently receives funds;
 - Audited financial statements;
 - Business plans or profiles;
 - Samples or descriptions of formal contracts, data collection, accounting and communication processes and systems;

- Organizational chart; or
- List of board members.

Submit the application no later than **February 6, 2004** to:

New Jersey Department of Education
Application Control Center
New Jersey Department of Education
River View Executive Plaza, Building 100
P.O. Box 500
Trenton, New Jersey 08625-0500

III. ASSURANCES

The following assurances are required of all Supplemental Educational Service Providers. As the duly authorized representative of this applicant, I certify compliance with all of the following assurances:

1. Providers will provide an instructional program that is supplemental to, and aligned with, the regular school program.
2. Providers agree to provide, at a minimum, quarterly academic achievement progress reports to parents and to the students' home school district.
3. Providers will collaborate with the school to provide appropriate services for the student.
4. Providers will ensure that the staff providing supplemental services to students are qualified and have at least two years of college or an associate's degree.
5. Providers will ensure the confidentiality of students' needs and progress and share this information only with parents and appropriate school personnel.
6. Providers will not disclose to the public the identity of any student who is eligible for, or receiving supplemental educational services without the written permission of the parents of the student.
7. Providers will make every effort to involve parents/guardians in developing the needs assessment for the student, developing a plan of services, and exchanging information on progress of the student.
8. Providers will provide a healthy, safe and clean environment in which to tutor students.
9. Providers agree to meet all applicable federal, state and local health safety and civil rights law.
10. Providers will provide secular, neutral and non-ideological instruction and content.
11. Providers have current liability insurance. List company name, policy number and effective dates, or attach a copy of the policy cover page. _____

12. Providers will conduct background checks of all staff and make this information available to school districts upon request.
13. Provider agrees to abide by the conditions of the contract with the LEA including the fee that must be in compliance in Section 1116(e)(6)(A)(B) NCLB.

Signature of Service Representative

Date signed

Name of Agency

Position of Service Representative

Supplemental Educational Service Provider Application Scoring Rubric

A review panel will evaluate and score completed applications twice a year using the Application Scoring Rubric. No supplemental material beyond what is specifically requested in the application will be considered. Incomplete applications will not be considered for inclusion on the state approved list of vendors.

The New Jersey Department of Education (NJDOE) will notify all applicants as to whether or not they have been approved as a Supplemental Educational Service Provider (SESP). NJDOE reserves the right to request additional information. All required documentation must be completed in order for providers to be added as an approved provider. Upon completion, NJDOE will list the provider in its database of approved providers.

Scoring Information

The application will be reviewed based upon the content of the narrative questions (and the requested appendices), the assurances pages and the financial and organizational capacity. Responses will be rated according to alignment with state and federal requirements. Each question has a scoring rubric to help judge and score the quality of the narrative provided.

For each narrative question:

- Do not exceed the page limit as requested.
(Appendices do not count towards the total page limit.)
- All responses must be typed, one-sided, 12 pt font or larger.

EVALUATION RUBRIC

Provider Name: _____

Proposal Number: _____

Reviewer: _____

Date: _____

Overall Score: _____ of 122

A. Program Design

A1- Describe in detail the nature of the supplemental educational services to be provided. Describe the instruction, curriculum and content, methodology and format.

Program Design	Exemplary (In addition to meeting all conditions under "Sufficient") <i>Points: 4 possible</i>	Sufficient (Meets all conditions listed for each criterion) <i>Points: 8 possible</i>	Insufficient <i>Points: 0</i>
	<p>Applicant describes in detail how the program is designed to improve the academic achievement of (1 point each)</p> <p> <input type="checkbox"/> Title I students <input type="checkbox"/> English Language Learner <input type="checkbox"/> Students with Disabilities <input type="checkbox"/> Special Populations </p> <p>Points: _____</p>	<p>Applicant adequately describes the supplemental educational services to be provided. The description includes the: (2 points each):</p> <p> <input type="checkbox"/> Instruction <input type="checkbox"/> Curriculum and content <input type="checkbox"/> Methodology <input type="checkbox"/> Format </p> <p>Points: _____</p>	<p>Applicant provides weak, insufficient, or an incomplete description of the supplemental educational services instruction, curriculum and content, methodology and format.</p>

Total Exemplary _____ **Total Sufficient** _____

Comments/Rationale:

Total Points A1: _____

A2 - Describe the specific process used to assess/diagnose student needs, identify skill or knowledge gaps, and prescribe an instructional program based on the student's individual needs.

Student Progress	Exemplary (In addition to meeting all conditions under "Sufficient") Points: 4 possible	Sufficient (Meets all conditions listed for each criterion) Points: 5 possible	Insufficient Points: 0
	<p>Applicant provides a detailed description of an individualized instructional program for specific populations. (1 point each)</p> <p> <input type="checkbox"/> Title I Students <input type="checkbox"/> English Language Learners <input type="checkbox"/> Students with Disabilities <input type="checkbox"/> Special Populations </p> <p>Points: _____</p>	<p>1. Applicant adequately describes the specific process used to:</p> <p> <input type="checkbox"/> Assess/diagnose student needs <input type="checkbox"/> Identify skill or knowledge gaps <input type="checkbox"/> Prescribe an instructional program based on student's individual needs. </p> <p>Points: _____</p> <p>2. Applicant addresses elements of an individualized instructional program for Title I students. (2 points)</p> <p>Points: _____</p>	<p>Applicant provides weak, insufficient, or incomplete evidence of proper assessment processes to assess/diagnose student needs, identify skill or knowledge gaps.</p> <p>Applicant does not address how instruction is individualized to meet each student's needs.</p>
<p align="center">Total Exemplary _____ Total Sufficient _____</p>			

Comments/Rationale:

Total Points A2: _____

A3 - Describe the organizational structure of service delivery (location, supervision, staff).

Program Design	Exemplary (In addition to meeting all conditions under "Sufficient") Points: 4 possible	Sufficient (Meets all conditions listed for each criterion) Points: 3 possible	Insufficient Points: 0
	<p>Applicant provides a detailed description of how the organizational structure relates to academic improvement of: (1 point each)</p> <p>_____ Title I Students _____ English Language Learners _____ Students with Disabilities _____ Special Populations</p> <p>Points: _____</p>	<p>Applicant provides an adequate description of the organizational structure of service delivery. (1 point each)</p> <p>_____ Location _____ Supervision _____ Staff</p> <p>Points: _____</p>	<p>Applicant provides weak, insufficient, or an incomplete description of the organizational structure of service delivery.</p>

Total Exemplary _____ **Total Sufficient** _____

Comments/Rationale:

Total Points A3: _____

A4 - Describe the methods and strategies for serving eligible students from special populations (Title I students, Students with Disabilities, English Language Learners, etc.).

Program Design	Exemplary (In addition to meeting all conditions under “Sufficient”) Points: 5 possible	Sufficient (Meets all conditions listed for each criterion) Points: 5 possible	Insufficient Points: 0
	<p>Applicant describes in detail methods and strategies for serving special populations increased student achievement. (1 point each)</p> <p>_____ Title I Students _____ English Language Learners _____ Students with Disabilities _____ Special Populations _____ Others: _____</p> <p>Points: _____</p>	<p>Applicant adequately describes the methods and strategies for serving: (1 point each)</p> <p>_____ Title I Students _____ English Language Learners _____ Students with Disabilities _____ Special Populations _____ Others: _____</p> <p>Points: _____</p>	<p>Applicant provides weak, insufficient, or an incomplete description of the methods and strategies for serving eligible students from special populations.</p>

Total Exemplary _____ **Total Sufficient** _____

Comments/Rationale:

Total Points A4: _____

B. Evidence of Effectiveness

Provide a description of your program's evidence of effectiveness by including indicators for the following:

B1 - Provide evidence that your program has a positive impact on student academic achievement. Include a discussion on state, district and/or another independent, valid and reliable performance test, particularly for Title I students. (Cite available research studies as Appendix B – 1).

Evidence of Effectiveness	Exemplary (In addition to meeting all conditions under "Sufficient") Points: 4 possible	Sufficient (Meets all conditions listed for each criterion) Points: 5 possible	Insufficient Points: 0
	1. Applicant provides detailed evidence of third-party independent research completed within the last two years.	1. Applicant provides adequate evidence of positive impact of Title I students' academic achievement. (1 point each) ____ State assessments ____ LEA Assessments ____ Independent Assessments Points: _____ 2. Provide evidence of positive impact from provider conducted research. (2 points) Points: _____	Applicant provides weak, insufficient, or incomplete evidence of effectiveness regarding state, district and/or another Independent assessment of Title I students. Applicant does not cite available research studies.

Total Exemplary _____ Total Sufficient _____

Comments/Rationale:

Total Points B1: _____

B2 - Describe your experience in providing supplemental educational services to low-income students who attend Title I schools.

Evidence of Effectiveness	Exemplary (In addition to meeting all conditions under "Sufficient") Points: 2 possible	Sufficient (Meets all conditions listed for each criterion) Points: 2 possible	Insufficient Points: 0
	Applicant provides detailed evidence of providing supplemental educational services for two or more years to Title I schools.	Applicant provides an adequate description of experience in providing supplemental educational services to low-income students who attend Title I schools.	Applicant provides weak, insufficient, or incomplete description of experience in providing supplemental educational services to low-income students who attend Title I schools.

Total Exemplary _____ **Total Sufficient** _____

Comments/Rationale:

Total Points B2: _____

B3 - Present the evidence which demonstrates the instruction, curriculum and content, methodology and format being delivered is an effective method to increase student achievement, particularly Title I students on the required New Jersey assessments in the areas of English language arts and/or mathematics and to attain proficiency in the New Jersey Core Curriculum Content Standards (CCCS).

Evidence of Effectiveness	Exemplary (In addition to meeting all conditions under "Sufficient") Points: 4 possible	Sufficient (Meets all conditions listed for each criterion) Points: 6 possible	Insufficient Points: 0
	<p>1. Applicant describes in detail how the content and instruction being delivered is an effective method to increase student achievement for Title I students. (2 points)</p> <p>Points: _____</p> <p>2. Applicant includes a table or graph, which depicts the academic improvement of Title I students on the New Jersey assessments. (2 points)</p> <p>Points: _____</p>	<p>1. <u>Applicant adequately addresses how the instruction, curriculum and content, methodology, and format being delivered are an effective method to increase student achievement on New Jersey assessments</u> (2 points)</p> <p>Points: _____</p> <p>2. Applicant includes a table or graph which depicts the academic improvement of students receiving services in: (1 points each)</p> <p>____ Reading ____ Language Arts ____ Writing ____ Mathematics</p> <p>Points: _____</p>	<p>Applicant provides weak, insufficient, or incomplete evidence that the instruction, curriculum and content, methodology, and format being delivered are an effective method to increase student achievement on the required New Jersey assessments in English language arts and/or mathematics.</p>

Total Exemplary _____ **Total Sufficient** _____

Comments/Rationale:

Total Points B3: _____

B4 - Present a description of the methodology used to collect the evidence in question 3 (measures and analysis used, comparison groups, etc.).

Evidence of Effectiveness	Exemplary (In addition to meeting all conditions under "Sufficient") Points: 2 possible	Sufficient (Meets all conditions listed for each criterion) Points: 2 possible	Insufficient Points: 0
	Applicant provides two or more methodologies to collect evidence.	Application provides an adequate description of at least one methodology to collect evidence.	Applicant provides weak, insufficient, or incomplete description of the methodology used to collect evidence.

Total Exemplary _____ **Total Sufficient** _____

Comments/Rationale:

Total Points B4: _____

B5 - Explain how the key instructional practices and major design elements of your program are (1) high quality, (2) based on research, and (3) specifically designed to increase student academic achievement.

Evidence of Effectiveness	Exemplary (In addition to meeting all conditions under "Sufficient") Points: 2 possible	Sufficient (Meets all conditions listed for each criterion) Points: 3 possible	Insufficient Points: 0
	Applicant describes in detail how student achievement is increased through the key instructional practices and major design elements of the program.	Applicant adequately describes the instructional practices and design elements of the program as: (1 point each) ____ High quality ____ Research-based ____ Specifically designed to increase student achievement. Points: _____	Applicant provides weak, insufficient, or an incomplete description of the instructional practices and design elements as being of high quality, based on research, or designed to increase student achievement.

Total Exemplary _____ **Total Sufficient** _____

Comments/Rationale:

Total Points B5: _____

C. Connection to State Academic Standards and District Educational Programs

C1 part 1 - Provide your program's alignment to specific New Jersey Academic Standards. Include the specific reading, language arts, writing, and/or mathematics standards your program addresses.

Connection to State Academic Content Standards	Exemplary (In addition to meeting all conditions under "Sufficient") Points: 4 possible	Sufficient (Meets all conditions listed for each criterion) Points: 8 possible	Insufficient Points: 0
	<p>Applicant's evidence clearly and specifically demonstrates a connection to specific New Jersey CCCS (1 point each)</p> <p> <input type="checkbox"/> Reading <input type="checkbox"/> Language Arts <input type="checkbox"/> Writing <input type="checkbox"/> Mathematics </p> <p>Points: _____</p>	<p>Applicant provides adequate evidence of alignment of the program to the New Jersey CCCS (2 points each)</p> <p> <input type="checkbox"/> Reading <input type="checkbox"/> Language Arts <input type="checkbox"/> Writing <input type="checkbox"/> Mathematics </p> <p>Points: _____</p>	<p>Applicant provides weak, insufficient, or an incomplete evidence of the program to the New Jersey CCCS</p>

Total Exemplary _____ **Total Sufficient** _____

Comments/Rationale:

Total Points C1 part 1: _____

C1 part 2 - Describe the process you will use to align your program with the instructional program(s) of the district(s) in which you intend to operate.

Connection to State Academic Content Standards	Exemplary (In addition to meeting all conditions under "Sufficient") Points: 4 possible	Sufficient (Meets all conditions listed for each criterion) Points: 4 possible	Insufficient Points: 0
	Applicant provides detailed descriptions of two or more LEAs in which the instructional program improved the achievement of Title I students. (2 points each) _____ LEA 1 _____ LEA 2 Points: _____	1. Applicant adequately describes the program's alignment to one LEAs instructional program. (2 points) Points: _____ 2. The applicant adequately describes how the program meets student academic needs if the program differs from the district's prevailing instructional program or curricular approach. (2 points) Points: _____	Applicant provides weak, insufficient, or an incomplete description of the program's alignment to LEA instructional programs.
	Total Exemplary _____ Total Sufficient _____		

Comments/Rationale:

Total Points C1 part 2: _____

D. Assessment and Progress

D1 - Describe the process used to evaluate, monitor, and track student progress on a regular basis

Student Progress	Exemplary (In addition to meeting all conditions under "Sufficient") Points: 4 possible	Sufficient (Meets all conditions listed for each criterion) Points: 4 possible	Insufficient Points: 0
	<p>Applicant describes in detail the process used to monitor and adjust programs to meet individual student needs. (2 points)</p> <p>Applicant provides a progress report in: (1 point each) _____ English _____ Spanish _____ Other (Specify): _____ _____</p> <p>Points: _____</p>	<p>Applicant provides an adequate description of the evaluation process, including a description on monitoring and tracking student progress on a continuous basis. (2 points each)</p> <p>_____ Evaluation Process _____ Monitoring and Tracking of Student Progress</p> <p>Points: _____</p>	<p>Applicant provides weak, insufficient, or incomplete evidence of the evaluation process, does not detail the process used, and student progress is not tracked on a continuous basis.</p>

Total Exemplary _____ **Total Sufficient** _____

Comments/Rationale:

Total Points D1: _____

D2 – Describe the process for diagnosing and prescribing an intervention based on the individual needs of the student

Assessment	Exemplary (In addition to meeting all conditions under "Sufficient") Points: 4 possible	Sufficient (Meets all conditions listed for each criterion) Points: 8 possible	Insufficient Points: 0
	<p>Applicant provides detailed assessments designed to evaluate the individual needs of students. (1 point each)</p> <p> <input type="checkbox"/> Title I students <input type="checkbox"/> English Language Learners <input type="checkbox"/> Students with Disabilities <input type="checkbox"/> Special Populations </p> <p>Points: _____</p>	<p>Applicant provides evidence that the assessments are aligned with the New Jersey CCCS. (2 points each)</p> <p> <input type="checkbox"/> Reading <input type="checkbox"/> Language Arts <input type="checkbox"/> Writing <input type="checkbox"/> Mathematics </p> <p>Points: _____</p>	<p>Applicant provides weak, insufficient or incomplete evidence that assessments are aligned with the New Jersey Academic Standards.</p>
<p>Total Exemplary _____ Total Sufficient _____</p>			

Comments/Rationale:

Total Points D2: _____

E. Parent and LEA Communication

	Exemplary (In addition to meeting all conditions under "Sufficient") Points: 3 possible	Sufficient (Meets all conditions listed for each criterion) Points: 5 possible	Insufficient Points: 0
	Applicant describes in detail the specific communication methods, tools, and processes used to communicate student progress.	1. Applicant adequately describes the timetable of student progress to the following: (1 point each) _____ LEA _____ Teachers _____ Parents Points: _____ 2. Applicant provides adequate evidence of foreign language reporting services. (2 points) Points: _____	Applicant provides weak, insufficient, or an incomplete description of the timetable of LEA, teacher, and parent notification of student progress, reporting process in either English or a native language.

Total Exemplary _____ **Total Sufficient** _____

Comments/Rationale:

Total Points E: _____

F. Qualifications of Instructional Staff

F1 - Submit the application and rating system use to select possible candidates (**if not included**, one point will be deducted from this element. **If included**, one point will be added.)

F2 – Qualifications of current supervisory staff

Qualifications of Staff	Sufficient (Meets all conditions listed for each criterion) Points: 4 possible	Insufficient Points: 0
	Applicant provides a short resume or brief biography of key personnel, specifically supervisors. (1 point each) ____ President/Owner ____ Director ____ Curriculum Specialist ____ Other (Specify): Points: _____	Applicant does not provide short resumes brief biographies of key personnel, specifically supervisors.

Total Sufficient _____

Comments/Rationale:

Total Points F1/F2 _____

F3 and F4 – Training, experience and professional development

F5 – Indicate whether you conduct criminal background checks on employees before hiring (**if not included** the application will be put on hold, until this requirement is completed. **If included**, 2 points will be added to this element.

Qualifications of Instructional Staff	Exemplary (In addition to meeting all conditions under “Sufficient”)	Sufficient (Meets all conditions listed for each criterion)	Insufficient Points: 0
	Points: 2 possible	Points: 6 possible	
	Applicant provides evidence that instructional staff has improved student academic achievement.	All instructional staff holds university and/or community college degree. (1 point) Points: _____ All instructional staff has certification and/or endorsement. (1 point) Points: _____ At least half of the instructional staff has special training or staff development. (1 point) Points: _____ All instructional staff has experience working with special populations: _____ 1 – 3 years (1 point) _____ 4 – 6 years (2 points) _____ 7 + years (3 points) Points: _____	

Total Exemplary _____ **Total Sufficient** _____

Comments/Rationale:

Total Points F3/F4 _____

Total Points F5 _____

G. Financial and Organizational Capacity

Applicant must provide sufficient evidence for Section G – Financial and Organizational Capacity.

Provide at least two of the following:

- A. Copies of a business license or formal document of legal status with respect to conducting business in the state of New Jersey;
- B. A description of how the provider currently receives funds;
- C. Audited financial statements;
- D. Business plans or profiles.

Financial and Organizational Capacity	Sufficient Meets all requirements Points: 4 possible	Insufficient Points: 0
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Total Sufficient _____

Total Points G1 _____

FINAL SCORE

Exemplary (100-122) _____	Sufficient (70-99) _____	Insufficient (0-69) _____
APPROVED	APPROVED	NOT APPROVED